PTO/SB/06 (07-06)

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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/805,977			ing Date 22/2004	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL ENTITY X				HER THAN	
FOR NUMBER FILE								RATE (\$)	FEE (\$)	OR	RATE (\$)	FEE (\$)	
⊠	BASIC FEE	_	N/A		N/A		ı	N/A	385	i	N/A	TLE (6)	
Н	(37 CFR 1.16(a), (b), s SEARCH FEE	or (c))	N/A		N/A		ı	N/A		ı	N/A		
뉴	(37 CFR 1.16(k), (i), (i)		N/A		N/A		l			ł	<u> </u>		
TO	(37 CFR 1.16(o), (p), (• 32		H	N/A x \$9 =	288	OR	N/A x s =		
	CFR 1.16(i)) EPENDENT CLAIM		52 minus 20 =				ı			OR	_		
	CFR 1.16(h))					• 3		X \$43 =	129	ı	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawing sheets of paper, the applicatio is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37 (n size fee due for each i thereof. See							
	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If	* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	802]	TOTAL		
	APPLICATION AS AMENDED – PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
AMENDMENT	04/02/2008	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16(1))	• 17	Minus	~ 52		= 0	l	X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 2	Minus	···6		= 0	1	X \$105 =	0	OR	x s =		
M	Application Size Fee (37 CFR 1.16(s))												
^	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))									OR			
							•	TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())		Minus			=	ı	x \$ =		OR	x \$ =		
Š	Independent (37 CFR 1.16(h))		Minus	***			l	x \$ =		OR	x \$ =		
핆	Application Size Fee (37 CFR 1.16(s))]			
ΑM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))						l			OR			
Γ										OR	TOTAL ADD'L FEE		
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.												

This collection of information is equated by 37 CER. 1.16. The information is required to obtain or retain a bearful by the public which his lost line face by the USETO to monoceal an implication. Confidentially is governed by 80 Sec. 22 and 37 CER 1.16. This collection is extensive the size of a window properties, and submitting the completed application form to the USETO. Time well vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or seggescions for reducing this burdon, should be sent to the CERT information Cificar. U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandrius, VA 22313-1450.